

# NEW JERSEY HIV/AIDS REPORT

June 30, 2014



Chris Christie  
Governor  
Kim Guadagno  
Lt. Governor

Public Health Services Branch  
Division of HIV, STD and TB Services  
...preventing disease with care



Mary E. O'Dowd, M.P.H.  
Commissioner

## **Division of HIV, STD and TB Services**

...preventing disease with care

**Office of the Assistant Commissioner** (609) 984-5874  
Program Management - Evaluation and Monitoring Services

**Administrative Support Services** (609) 984-5888

### **HIV Services**

• **Care and Treatment Services** (609) 984-6328

AIDS Drug Distribution Program  
Corrections Initiative  
Health Insurance Continuation Program  
HIV Care Consortia  
HIV Early Intervention Program  
HIV Home Health Care Program  
Housing Opportunities for Persons with AIDS

• **Epidemiologic Services** (609) 984-5940

Case Reporting Forms  
Epidemiologic Studies  
HIV/AIDS Statistics  
Partner Services-Newark

(973) 648-7500

• **Prevention and Education Services** (609) 984-6050

Community-based HIV Prevention Projects  
HIV Counseling and Testing Program  
HIV Community Planning Group  
HIV-related Training  
Printed Material Distribution  
Special Projects  
NJ AIDS/STD Hotline

1-800-624-2377

**Sexually Transmitted Disease Services** (609) 826-4869

**Tuberculosis Services** (609) 826-4878

Visit the New Jersey Department of Health website: [www.state.nj.us/health](http://www.state.nj.us/health).

To have this report link e-mailed to you, to be added to our mailing list, or to request other information, contact us by telephone or by e-mail.

Telephone (609) 984-5940

e-mail [aids@doh.state.nj.us](mailto:aids@doh.state.nj.us)

**Questions?** Contact New Jersey HIV/AIDS Hotline

1-800-624-2377

## Highlights

- By June 30, 2014, 37,905 people were reported living with HIV or AIDS in New Jersey.
- Minorities account for 76% of adult/adolescent cumulative (ever reported to the state) HIV/AIDS cases and 78% of all persons living with HIV/AIDS (Page 6).
- Injection drug use and sexual contact remain the major modes of exposure to HIV infection. The proportion of reported cases with HIV/AIDS who were exposed through injection drug use (IDU) is lower than in the past, while the proportion of cases that were exposed through sexual contact is increasing (Page 7).
- Eighty percent of persons living with HIV/AIDS are 40 years of age or older (Page 10).
- Thirty-three percent of those living with HIV/AIDS are females; 48% of females living with HIV are currently 20-49 years old (Page 10).
- Eighty-seven percent of persons living with HIV/AIDS that were perinatally infected are minorities (Page 11).
- Over 7,000 HIV/AIDS patients received medications through the state's AIDS Drug Distribution Program (ADDP) in April 2012 - March 2013 (Page 12).
- Table 12 shows HIV prevention services funded by the NJDOH in 2012 (Page 13).
- In 2012 nearly 99,000 HIV tests were administered through Counseling and Testing Sites (Page 14).
- The status of Rapid HIV Testing is addressed on page 15.

## Special Features

The centerfold map features a complete reporting of HIV/AIDS cases, pediatric HIV/AIDS infections, and perinatal exposure by county. Cumulative case counts are based on patient residence at time of diagnosis, while counts of persons currently living with HIV/AIDS are based on most recently updated New Jersey address, regardless of where they were first diagnosed with HIV/AIDS.

Copies of this report are available on the NJDOH website at [www.state.nj.us/health](http://www.state.nj.us/health). The website also contains complete county and municipal reports.

## MISSION STATEMENT

*The Division's mission is to prevent and reduce the spread of HIV, STDs and TB and ensure that HIV-, STD- and TB- infected people and those at risk of infection have access to the care they need. The Division uses its resources to help community-based networks deliver high-quality, comprehensive services that meet the language and cultural needs of the people they serve.*

## Introduction

The purpose of this report is to provide data that can be used for monitoring the epidemic and for planning services and prevention activities. All data in this report are based on cases that were reported to the Division of HIV, STD and TB Services (DHSTS) through June 30, 2014. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDOH website at [www.state.nj.us/health/aids/aidsqtr.shtml](http://www.state.nj.us/health/aids/aidsqtr.shtml). If you would prefer to receive this report by e-mail contact us at [aids@doh.state.nj.us](mailto:aids@doh.state.nj.us) and we will e-mail you a link to the report.

## What can I find in this report?

### Epidemiology

**Adult/Adolescent HIV/AIDS cases in each age group, in each racial/ethnic group, and for each HIV/AIDS exposure category by gender for the most recent year, as well as cumulatively.**

These tables show all adult/adolescent persons reported with HIV infection including those who have progressed to AIDS whether living or deceased. As new therapies become available, a larger percentage of cases will remain HIV positive for longer periods of time before developing AIDS. Looking at both HIV and AIDS status provides a more complete picture of the history of infection in the state than does data about AIDS alone. It is also important to note that cases reported in the past 12 months may have been diagnosed in previous years, but due to data transmission were only recently tabulated.

**Persons *living* with HIV or AIDS for each gender by age group, in each racial/ethnic group, and for each exposure category. These persons are currently living in New Jersey regardless of where they were first diagnosed with HIV/AIDS.**

These data show where the epidemic is now and where services are most needed.

## **Pediatric HIV/AIDS and Exposures**

These data show the number of individuals diagnosed while under the age of 13. The data include information on perinatal exposures and other pediatric infections.

## **HIV Prevention, Care and Treatment Services**

Updated data is presented for services provided through state funding, the Ryan White CARE Act, and the CDC funded HIV Prevention Cooperative Agreement.

## **Modified Risk Exposure Hierarchy**

Although we usually cannot determine exactly how or when a person was infected, it is possible to determine which behaviors exposed an individual to HIV infection. In the 1980s the Centers for Disease Control and Prevention (CDC) established a hierarchy to categorize modes of exposure for persons reported with AIDS based on their risk exposures. Behaviors most likely to lead to infection are higher in the hierarchy than those less likely to lead to infection. This hierarchy is described at [www.cdc.gov/hiv/stats/hasr1402/technotes.htm](http://www.cdc.gov/hiv/stats/hasr1402/technotes.htm).

Beginning in the June 2004 report, we began to use a modified risk hierarchy. Heterosexual contact with a person of unknown status was reported as “heterosexual contact with partners of unknown HIV risk.” Prior to that, these cases were reported as persons with unknown risk exposure. Heterosexual contacts with persons of known risk are reported by the risk status of the partner. Due to improvements in the screening of donated blood, transfusions have been virtually eliminated as an exposure category for HIV infection. In this report, transfusion and hemophilia cases are reported in the “Other/Unknown” category.

The ascertainment of exposure category is incomplete, especially for cases reported recently. Some cases currently in the “Other/Unknown” category may be categorized later to known exposure categories as follow-up investigations are completed.

## **What won't this report tell me?**

Due to delays between diagnosis of HIV or AIDS and reporting to the DHSTS, cases reported during the last 12 months may have been diagnosed in previous years. Also, many cases diagnosed in 2013 and 2014 may not be in this report. It is also important to note that individuals who are infected but not tested and diagnosed are not included in these reports. It is estimated that undiagnosed and unreported cases comprise 21% of all estimated infections. The number of persons living with HIV/AIDS is only an estimate because of incomplete mortality data due to delays in reporting deaths of HIV/AIDS cases, and migration in or out-of-state. Therefore, the reported data underestimate true incidence, prevalence and mortality rates.

## RACE/ETHNICITY DATA

**Table 1. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2013 - June 2014 (1)  
and Cumulative Totals as of June 30, 2014  
Racial/Ethnic Group by Gender**

Adults/ Adolescents (2)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female	
	July 2013- June 2014		Cumulative Total		July 2013- June 2014		Cumulative Total		July 2013- June 2014		Cumulative Total			
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)		
White	418	29%	14,803	27%	64	15%	3,931	16%	482	26%	18,734	24%	21%	
Black	574	40%	27,562	50%	257	61%	15,493	64%	831	45%	43,055	55%	36%	
Hispanic	395	28%	11,992	22%	90	21%	4,470	19%	485	26%	16,462	21%	27%	
Asian/Pac. Isl.	38	3%	414	1%	11	3%	133	1%	49	3%	547	1%	24%	
Other/Unknown	3	0%	121	0%	1	0%	64	0%	4	0%	185	0%	35%	
Total	1,428	100%	54,892	100%	423	100%	24,091	100%	1,851	100%	78,983	100%	31%	

(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.

(2) Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnosis were not included.

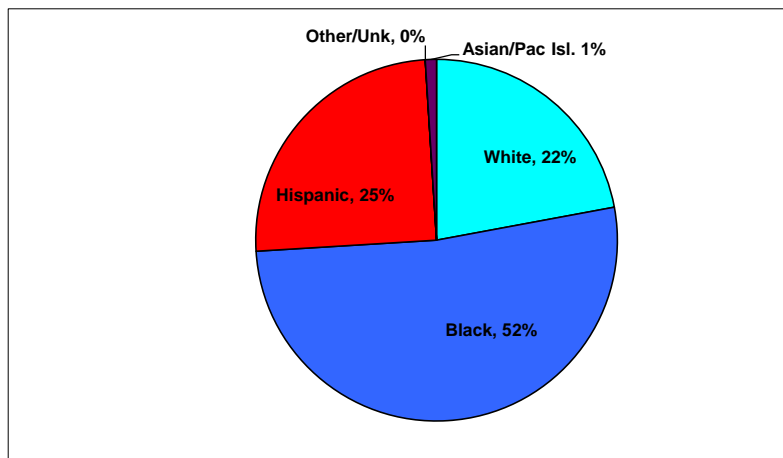
Note: Percentages may not add to 100 due to rounding.

**Table 2. New Jersey Residents Living with HIV/AIDS  
as of June 30, 2014  
Racial/Ethnic Group by Gender**

Race/Ethnicity	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
White	6,324	25%	1,864	15%	8,188	22%	23%
Black	11,877	47%	7,707	62%	19,584	52%	39%
Hispanic	6,767	27%	2,768	22%	9,535	25%	29%
Asian/Pac. Isl.	335	1%	114	1%	449	1%	25%
Other/Unknown	97	0%	52	0%	149	0%	35%
Total	25,400	100%	12,505	100%	37,905	100%	33%

Note: Percentages may not add to 100 due to rounding.

**Figure 1. Percent Living with HIV/AIDS by Race/Ethnicity**



Minorities account for 76% of the cumulative adult/adolescent HIV/AIDS cases.

Thirty-one percent of the cumulative HIV/AIDS cases are women.

Over half of persons living with HIV/AIDS are non-Hispanic Blacks.

Thirty-three percent of those living with HIV/AIDS are females. Four out of five females living with HIV/AIDS are minorities.

**Table 3. New Jersey Adult/Adolescent (1) HIV/AIDS Cases Reported July 2013 - June 2014 (2) and Cumulative Totals as of June 30, 2014 Modified Exposure Category by Gender**

Modified Exposure Category (3)	MALE				FEMALE				TOTAL				% of Cum. Cases Female
	July 2013-June 2014		Cumulative Total		July 2013-June 2014		Cumulative Total		July 2013-June 2014		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	561	39%	17,097	31%	0	0%	0	0%	561	30%	17,097	22%	0%
IDU (4)	29	2%	19,208	35%	14	3%	8,718	36%	43	2%	27,926	35%	31%
MSM/IDU	5	0%	2,390	4%	0	0%	0	0%	5	0%	2,390	3%	0%
Heterosexual contact with partner(s):													
- injection drug user	5	0%	930	2%	11	3%	2,873	12%	16	1%	3,803	5%	76%
- bisexual male	0	0%	0	0%	6	1%	213	1%	6	0%	213	0%	100%
- HIV infection, risk Other/Unknown	35	2%	4,026	7%	54	13%	5,636	23%	89	5%	9,662	12%	58%
-partner(s) of unknown HIV risk (5)	196	14%	5,861	11%	167	39%	4,667	19%	363	20%	10,528	13%	44%
Other/Unknown (6)	597	42%	5,380	10%	171	40%	1,984	8%	768	41%	7,364	9%	27%
Total number of individuals	1,428	100%	54,892	100%	423	100%	24,091	100%	1,851	100%	78,983	100%	31%

(1) Includes all patients 13 years of age or older at time of diagnosis. Patients with missing specific age at diagnosis were not included.

(2) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.

(3) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first.

The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 5).

(4) MSM = male-to-male sex. IDU = injection drug use.

(5) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.

(6) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

Note: Percentages may not add to 100 due to rounding.

**Table 4. New Jersey Residents Living with HIV or AIDS as of June 30, 2014 Modified Exposure Category by Gender**

Modified Exposure Category (1)	MALE		FEMALE		TOTAL		% of Cases Female
	No.	(%)	No.	(%)	No.	(%)	
MSM (2)	9,686	38%	0	0%	9,686	26%	0%
IDU (2)	4,677	18%	2,705	22%	7,382	19%	37%
MSM/IDU	796	3%	0	0%	796	2%	0%
Heterosexual contact with partner(s):							
- injection drug user	387	2%	1,217	10%	1,604	4%	76%
- bisexual male	0	0%	136	1%	136	0%	100%
- HIV infection, risk Other/Unknown	2,516	10%	3,680	29%	6,196	16%	59%
-partner(s) of unknown HIV risk(3)	3,607	14%	3,159	25%	6,766	18%	47%
Other/Unknown (4)	3,731	15%	1,608	13%	5,339	14%	30%
Total number of individuals	25,400	100%	12,505	100%	37,905	100%	33%

(1) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first.

The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 3).

(2) MSM = male-to-male sex. IDU = injection drug use.

(3) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.

(4) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

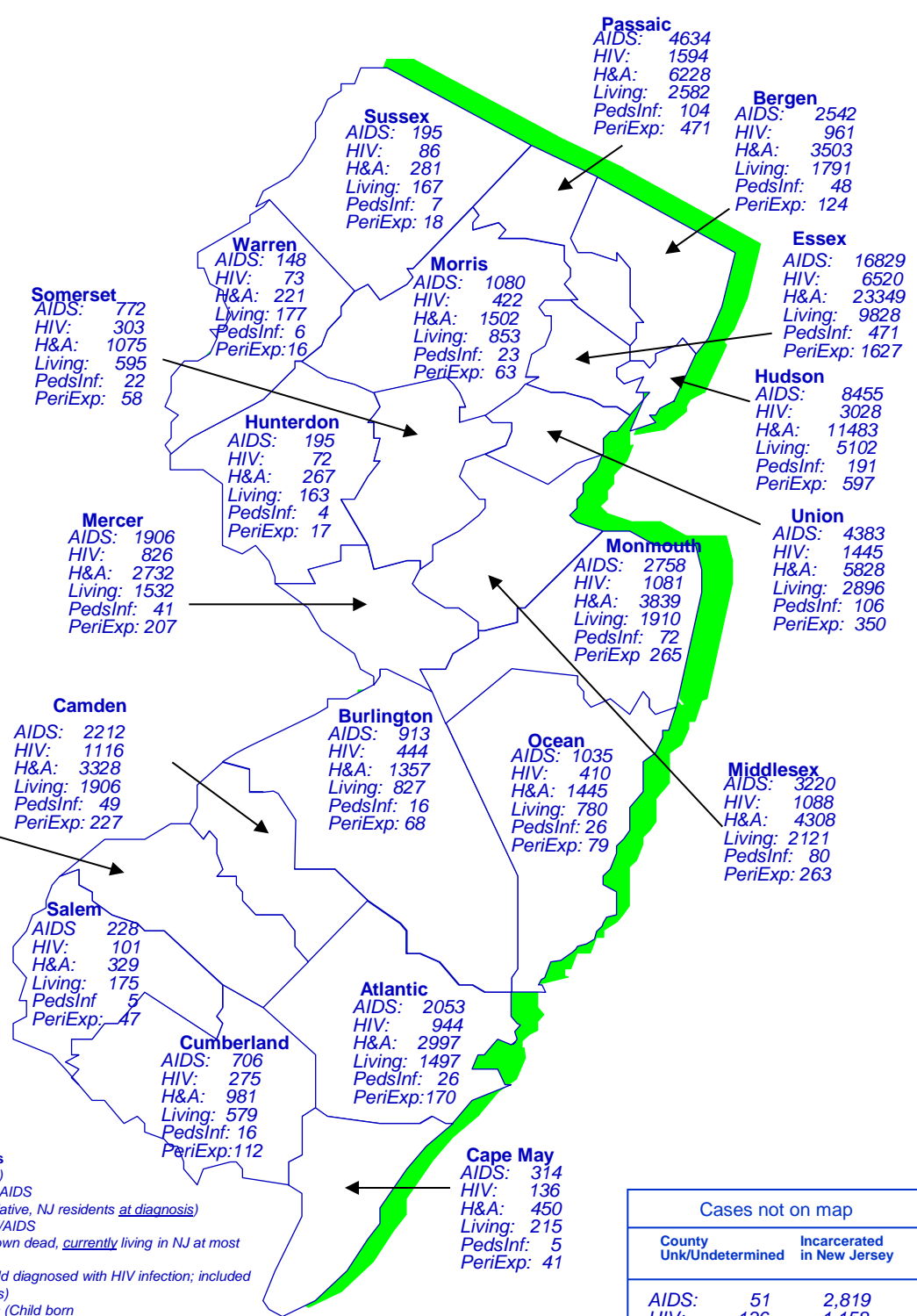
Note: Percentages may not add to 100 due to rounding.

Thirty-five percent of all cumulative adult/adolescent HIV/AIDS cases were exposed by IDU, 30% by heterosexual contact, and 22% by male-to-male sex. Only 9% of cumulative cases (and 41% of cases recently reported in the last 12 months) had no reported risk or their risk is unknown.



# CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF JUNE 30, 2014

Statewide Summary Case Counts	
AIDS:	57,917
HIV:	22,453
H&A:	80,370
Living:	37,905
PedsInf:	1,387
PeriExp:	4,880



**Legend for Summary Case Counts**  
AIDS = AIDS cases (cumulative)  
HIV = HIV Positive Cases, not AIDS  
H&A = HIV/AIDS Cases (cumulative, NJ residents at diagnosis)  
Living = Persons Living with HIV/AIDS  
(HIV/AIDS cases not known dead, currently living in NJ at most recent report)  
PedsInf = Pediatric Infections (Child diagnosed with HIV infection; included in HIV/AIDS case counts)  
PeriExp = Perinatal HIV Exposures (Child born to HIV+ mother, child's HIV serostatus is negative or indeterminate; NOT included in the HIV/AIDS case counts)

Cases not on map		
County	Unk/Undetermined	Incarcerated in New Jersey
AIDS:	51	2,819
HIV:	136	1,158
H&A:	187	3,977
Living:	11	1,786
PedsInf:	60	2
PeriExp:	30	0



**Table 5. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2013 - June 2014 (1)  
and Cumulative Totals as of June 30, 2014  
Age at Diagnosis by Gender**

Known Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	July 2013-June 2014		Cumulative Total		July 2013-June 2014		Cumulative Total		July 2013-June 2014		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	36	3%	689	1%	9	2%	559	2%	45	2%	1,248	2%	45%
20-29	365	26%	10,000	18%	73	17%	5,693	24%	438	24%	15,693	20%	36%
30-39	357	25%	22,155	40%	105	25%	9,989	41%	462	25%	32,144	41%	31%
40-49	363	25%	15,112	28%	127	30%	5,352	22%	490	26%	20,464	26%	26%
Over 49	307	21%	6,936	13%	109	26%	2,498	10%	416	22%	9,434	12%	26%
Total	1,428	100%	54,892	100%	423	100%	24,091	100%	1,851	100%	78,983	100%	31%

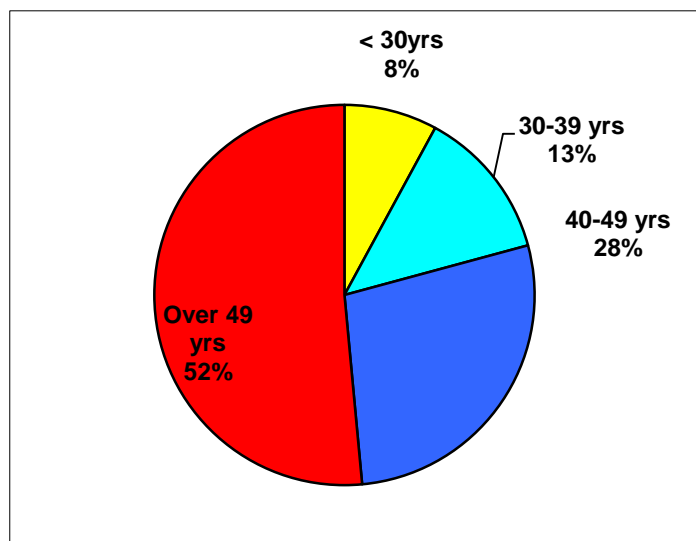
(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.

Note: Percentages may not add to 100 due to rounding.

**Table 6. New Jersey Residents Currently Living with HIV/AIDS as of June 30, 2014  
Current Age by Gender**

Current Age	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
0-12	33	0%	43	0%	76	0%	57%
13-19	141	1%	123	1%	264	1%	47%
20-29	1,855	7%	681	5%	2,536	7%	27%
30-39	3,223	13%	1,628	13%	4,851	13%	34%
40-49	6,786	27%	3,750	30%	10,536	28%	36%
Over 49	13,362	53%	6,280	50%	19,642	52%	32%
Total	25,400	100%	12,505	100%	37,905	100%	33%

**Figure 2. Percentage Living with HIV/AIDS by Age Group**



Recently reported cases of adult/adolescent HIV and AIDS are older at diagnosis on average than previously reported cases.

Eighty percent of those living with HIV or AIDS are 40 years of age or older.

Thirty-three percent of those living with HIV/AIDS are females.

Forty-eight percent of females living with HIV/AIDS are currently 20-49 years old.

# PEDIATRIC DATA

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**Table 7. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases  
Exposure Category (2) by Race/Ethnicity - As of June 30, 2014**

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV (3)	159	855	263	6	1,283
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	10	1	2	0	13
Risk Not Reported/Other Risk	13	41	13	2	69
<b>Total</b>	<b>192</b>	<b>904</b>	<b>283</b>	<b>8</b>	<b>1,387</b>
<b>% Perinatally Infected</b>	<b>83%</b>	<b>95%</b>	<b>93%</b>	<b>75%</b>	<b>93%</b>

(1) Includes all patients under 13 years of age at time of HIV infection, who were New Jersey residents or diagnosed in New Jersey.

(2) Cases with more than one risk, other than the combinations listed, are tabulated only in the risk group listed first.

(3) Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

**Table 8. New Jersey Born HIV Pediatric Exposures (1) by Current Status  
and Year of Birth for Children Born 2001-2013 - As of June 30, 2014**

Birth Year	Infected (2)		Indeterminate (3)		Seroreverter (4)		Total Reported
	No.	(%)	No.	(%)	No.	(%)	No.
2001	11	5%	64	29%	144	66%	219
2002	13	5%	64	26%	167	68%	244
2003	14	7%	54	26%	137	67%	205
2004	13	6%	73	33%	136	61%	222
2005	13	7%	54	28%	127	65%	194
2006	4	2%	38	21%	138	77%	180
2007	6	4%	38	23%	122	73%	166
2008	4	2%	50	26%	141	72%	195
2009	4	3%	41	26%	115	72%	160
2010	5	3%	29	19%	122	78%	156
2011	8	5%	26	17%	116	77%	150
2012	2	2%	26	21%	98	78%	126
2013*	2	2%	50	40%	74	59%	126
2014*	0	0%	48	98%	1	2%	49

(1) Exposure - Child was exposed to HIV during pregnancy/delivery.

(2) Infected - Child is infected with HIV/AIDS.

(3) Indeterminate - Child was exposed but actual status of infection is unknown.

(4) Seroreverter - Child was perinatally exposed and proven to be uninfected.

\* Years 2012 and 2013 data are incomplete

**Table 9. New Jersey Pediatric Cases Living with HIV/AIDS (1)  
by Race/Ethnicity and Current Age  
June 30, 2014**

Race/Ethnicity	Current Age							
	< 5 Yrs.		5-12 Yrs.		>= 13 Yrs.		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
White	1	5%	3	5%	97	14%	101	13%
Black	17	81%	38	68%	477	66%	532	67%
Hispanic	3	14%	12	21%	141	20%	156	20%
Other	0	0%	3	5%	3	0%	6	1%
<b>Total</b>	<b>21</b>	<b>3%</b>	<b>56</b>	<b>7%</b>	<b>718</b>	<b>90%</b>	<b>795</b>	<b>100%</b>

Perinatal transmission was 2 percent in 2012.

Ninety percent of living individuals infected as children since the 1980's are now adults/adolescents, 13 years or older.

Eighty-seven percent of pediatric cases living with HIV/AIDS are minorities.

(1) Living Pediatric HIV/AIDS cases who were New Jersey residents or diagnosed in New Jersey.

**Table 10. Ryan White Part B Services**  
(April 1, 2013 – March 31, 2014)

<b>Program Area</b>	<b>Type of Service</b>	<b>Clients Served</b>
AIDS Drug Distribution Program	medications	7,310
Health Insurance Continuation Program	health insurance premiums	524
Home Care Program	home health services	45
Access to Care	care outreach	476
Core Health Services	outpatient/ambulatory medical care	2,283
	dental care	747
	treatment adherence counseling	864
	mental health services	526
	substance abuse services	44
	nutritional counseling	190
	medical case management	3,245
Support Services	short-term/emergency housing assistance	9
	medical transportation services	496
	residential substance abuse services	5

**Table 11. DHSTS Care and Treatment Services**  
(July 1, 2013– June 30, 2014)

<b>Program</b>	<b>Source of Funding</b>	<b>Clients Served</b>
HIV Ambulatory Care	State	2,219
Housing Opportunities for Persons with AIDS	HUD	230

## PREVENTION

**Table12. Summary of Major HIV/AIDS Risk Reduction Activities, Funded Agencies and Client Numbers by Target Population for 2013**

Type of Intervention	Populations Targeted/Reached				
<b>Individual Outreach</b>	MSM	IDU	Heterosexual	HIV Positive	Youth
<b>Number of Agencies Providing Services</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>1</b>
<b>Number of Clients Served*</b>	<b>1,186</b>	<b>733</b>	<b>2,002</b>	<b>7</b>	<b>151</b>
<b>Interventions Delivered to Individuals</b>	MSM	IDU	Heterosexual	HIV Positive	Youth
<b>Number of Agencies Providing Services</b>	<b>4</b>	<b>6</b>	<b>11</b>	<b>4</b>	<b>1</b>
<b>Number of Clients Served</b>	<b>197</b>	<b>971</b>	<b>2,419</b>	<b>250</b>	<b>25</b>
<b>Interventions Delivered to Groups</b>	MSM	IDU	Heterosexual	HIV Positive	Youth
<b>Number of Agencies Providing Services</b>	<b>6</b>	<b>6</b>	<b>19</b>	<b>11</b>	<b>5</b>
<b>Number of Clients Served</b>	<b>490</b>	<b>538</b>	<b>2,619</b>	<b>295</b>	<b>19,590</b>
<b>CLEAR/Comprehensive Risk Counseling Services</b>	MSM	IDU	Heterosexual	HIV Positive	Youth
<b>Number of Agencies Providing Services</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>10</b>	<b>0</b>
<b>Number of Clients Served</b>	<b>51</b>	<b>916</b>	<b>28</b>	<b>156</b>	<b>0</b>

\* Total number of individual clients outreached is reported aggregately and Risk Categories listed are not mutually exclusive. MSM are not included with heterosexual males. Clients outreached under Social Marketing programs are not included.

The DHSTS provides partner counseling and referral services to HIV positive clients in the state through the Partner Services (PS). They notify the sex or needle-sharing partners of HIV infected individuals that have been elicited by providers of the fact that they have been exposed to HIV. They offer them HIV counseling and testing, and if HIV positive, elicit the names of their partners for this service. This is done because these partners may be infected and not know it, may be infecting others, and may benefit from treatment. The service is confidential, and the individual who named the partner is never revealed. The PS staff also provides test results to persons who test HIV positive but fail to return for results. If you would like to refer individuals to the PS for partner counseling you can call **(877) 356-8312** toll free.

**Table13. Partner Services Provided in 2013**

Partners Referred/Elicited (1)	308
Partners Tested	56
Partners Testing HIV Positive	4
HIV+ Clients Counseled	271

(1) Referred partners are those that are elicited by providers and assigned to the PS to contact, elicited partners are those that the PS staff identifies when they counsel HIV positive individuals.

## HIV Counseling and Testing

**Table 14. Publicly Funded HIV Counseling and Testing Activities  
January - December 2013 (Data reported as of September 2, 2014)**

	NUMBER TESTED <sup>1</sup>	PERCENT TESTED	TESTED POSITIVE	PERCENT POSITIVE
<b>SITE TYPE</b>				
HIV CTS <sup>2</sup>	16,772	16.96%	199	1.19%
Hospital/Emergency Dept.	19,517	19.74%	102	0.52%
STD Clinic	9,317	9.42%	44	0.47%
Substance Abuse Treatment Facilities	2,441	2.47%	8	0.33%
Family Planning/Planned Parent Clinic	18,335	18.54%	40	0.22%
Clinical - Community Health Center	13,537	13.69%	86	0.64%
TB Clinic	266	0.27%	0	0.00%
Non-Clinical - Community Setting	4,984	5.04%	52	1.04%
Non-Clinical - Correctional Facility	2,820	2.85%	6	0.21%
Primary Care Clinic (Other than CHC)	7,068	7.15%	124	1.75%
Others/Unknown	3,823	3.87%	37	0.97%
<b>GENDER</b>				
Male	46,835	47.37%	478	1.02%
Female	51,846	52.43%	215	0.41%
Transgender-M2F	72	0.07%	5	6.94%
Transgender-F2M	5	0.01%	0	0.00%
Unknown (Uncoded)	122	0.12%	0	0.00%
<b>ETHNICITY</b>				
Hispanic	31,567	31.92%	161	0.51%
Not Hispanic	66,081	66.83%	530	0.80%
Don't Know	881	0.89%	6	0.68%
Declined	304	0.31%	1	0.33%
Unknown (Uncoded)	47	0.05%	0	0.00%
<b>RACE<sup>3</sup></b>				
AM Indian/AK Native	337	0.34%	2	0.59%
Asian	1,648	1.67%	4	0.24%
Black or African American	49,303	49.86%	459	0.93%
Native Hawaiian/Pacific Islander	523	0.53%	3	0.57%
White	39,739	40.19%	190	0.48%
More Than One Race	863	0.87%	11	1.27%
Don't Know	5,097	5.15%	21	0.41%
Declined	1,251	1.27%	7	0.56%
Unknown (Uncoded)	119	0.12%	1	0.84%
<b>AGE</b>				
<13	60	0.06%	0	0.00%
13-19	7,188	7.27%	14	0.19%
20-29	39,707	40.16%	222	0.56%
30-39	23,121	23.38%	138	0.60%
40-49	15,826	16.01%	176	1.11%
50-59	9,708	9.82%	121	1.25%
60+	2,847	2.88%	26	0.91%
Unknown (Uncoded)	423	0.43%	1	0.24%
<b>TOTAL</b>	<b>98,880</b>	<b>100.00%</b>	<b>698</b>	<b>0.71%</b>

1. Numbers do not represent individuals as clients may be tested more than once.
2. HIV/CTS sites are clinic, whose primary purpose is HIV counseling and testing.
3. Clients could be multiple Race. PEMS form does not have Hispanic/Non-Hispanic broken down by race.

## **Rapid HIV Testing Update:**

### **Verification of a Rapid HIV Test with a Rapid HIV Test**

Verification of a rapid HIV test with another rapid HIV test began as an approach to improve receipt of results for those testing positive and the ability to do contact elicitation and referrals. Because persons with a reactive rapid test needed to return to receive Western blot (WB) results, the New Jersey Department of Health (NJDOH), Division of HIV, STD and TB Services (DHSTS) discovered that approximately 25% of those testing positive failed to return for results. Attempts by Partner Services (PS) to follow-up, PS had limited locating just 20% of these individuals.

Retrospective studies by the DHSTS and Rutgers Robert Wood Johnson Medical School (RWJ) have shown that a rapid-rapid algorithm accurately detects infection and would decrease the number of false positive results provided to patients. The DHSTS and RWJ staff are on the Association of Public Health Laboratories (APHL), Centers for Disease Control and Prevention (CDC) committee that is developing point-of-care rapid-rapid algorithms. Verification of a rapid HIV test with another rapid HIV test is done internationally.

The DHSTS started verification of a rapid HIV test with another rapid HIV test on December 10, 2008, at selected DHSTS-funded HIV counseling and testing sites. The selection was based on HIV prevalence at the counseling and testing site.

The current algorithm is to do a rapid HIV test. If it is reactive, a second rapid HIV test (from another manufacturer) is done. If both rapid tests are reactive, contact elicitation and referral for treatment, prevention, and social services are completed.

Between December, 2008 and June 30, 2014, 39 facilities doing rapid-rapid testing performed 185,096 initial rapid HIV tests. To date, 1,682 reactive (preliminary positive) HIV tests have been obtained with 1,642 clients (97.6%) agreeing to verification and 1,576 (95.9%) verified with an orthogonal (independent) rapid HIV test. Of these rapid-rapid positive patients, 877 (55.6%) connected to healthcare providers at the time the second rapid test was performed. Seventy-eight (78) clients refused a second rapid test.

Overall, 75 discordant results have been identified. Of this total, 64 discordant results were associated with a false positive initial rapid test and 11 were associated with a negative second rapid test. Tests identified as discordant are resolved by additional testing: Nucleic Acid Amplification Test (NAAT), enzyme immunoassay (EIA) and the Multispot test which differentiates between HIV 1 and HIV 2 antibody. The percentage of persons receiving their results and referrals for treatment, prevention, and social services has increased dramatically with rapid-rapid HIV testing. In addition, contact elicitation is able to be completed. Expansion to other counseling and testing sites and other counties has been on-going.

**For More Information  
go to the  
Division of HIV, STD and TB Services  
Website at:**

**<http://www.state.nj.us/health/aids>**

**or call the**

**New Jersey Department of Health  
Division of HIV, STD and TB Services  
Epidemiologic Services Unit  
at  
(609) 984-5940**